BOPHUTHATSWANA CIVIL MOVEMENT

Membership Application Form

IMPORTANT: USE BLACK PEN ONLY. WRITE IN CLEAR BLOCK LETTERS WITHIN THE BOXES FOR OCR PROCESSING.

1. PERSONAL DETAILS

FULL NAMES _____

SURNAME _____

SOUTH AFRICAN ID NUMBER (13 DIGITS)

DATE OF BIRTH _____

GENDER

☐ MALE ☐ FEMALE ☐ OTHER

NATIONALITY _____

PROFESSION _____

2. CONTACT & VOTER STATUS

MOBILE NUMBER _____

EMAIL ADDRESS (OPTIONAL) _____

REGISTERED TO VOTE?

☐ YES ☐ NO

3. RESIDENTIAL ADDRESS

HOUSE NO. & STREET NAME _____

VILLAGE / TOWNSHIP _____

PROVINCE _____

REGION / DISTRICT _____

WARD NO. _____

4. MEMBERSHIP & BANKING DETAILS

MEMBERSHIP PERIOD

☐ 1 YEAR ☐ 2 YEARS ☐ 5 YEARS

MEMBERSHIP FEE

R 20.00

OFFICIAL BANKING DETAILS:

Account Number:	63194437985	**Bank Name:**	FNB (First National Bank)
Branch Code:	240340	**Swift Code:**	FIRNAZZJJ

DECLARATION: I voluntarily commit to the objectives, values, and principles of the BCM as set out in its Constitution and Code of Conduct. I pledge to uphold the Constitution, serve the movement with discipline, and promote unity, ethical conduct, and loyalty. I understand that membership is a solemn responsibility.

APPLICANT SIGNATURE _____

DATE SIGNED _____